

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Win the Senate 2020

A. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2020		
Mailing Address PO Box 441146			Transaction ID : 7345216E		
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C C00401224		Name of Employer Occupation Conduit total listed in Agg. field			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1324170.84			
B. Full Name (Last, First, Middle Initial) Josefowitz, Nicholas, , ,			Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2020		
Mailing Address 2512 Pacific Ave			Transaction ID : 7588816		
City San Francisco	State CA	Zip Code 94115-1126	Amount of Each Receipt this Period _____ 25500.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation SPUR Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 25500.00			
C. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2020		
Mailing Address PO Box 441146			Transaction ID : 7588816E		
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 25500.00		
FEC ID number of contributing federal political committee. C C00401224		Name of Employer Occupation Conduit total listed in Agg. field			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1324170.84			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 25500.00		
TOTAL This Period (last page this line number only)..... ▶			_____		